



State of Montana
Department of Corrections
Youth Services Division
Eligibility Inquiry

TO: [SSA worker's name]
Social Security Administration

FAX #: (406) 441-1065

DATE:

FROM: [RAOs Name]
Regional Administrative Officer
[city], MT

PHONE: () -

Number of sheets including cover sheet: [#]

MESSAGE: Please let me know if [youth's full name], a youth under the age of 18 and placed out of home at [name of placement] is eligible for benefits.

Date of placement:

Name of youth: [youth's full name]

S.S.N. _____ Date of birth _____

Address of facility: _____
[city], [state] [zip code]

IMPORTANT NOTICE

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